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ABSTRACT

This paper presents recommendations of the Division for Early Childhood (DEC) of the Council for Exception Children concerning the use of the developmental delay eligibility category as defined by the Individuals with Disabilities Education Act (IDEA) and DEC. The recommendations are: (1) that a developmental delay category of eligibility should be available for children in this age group; (2) that informed clinical opinion, culturally and linguistically appropriate test performance, and observation should be utilized in determining eligibility; (3) that a team process should be used as children move from IDEA Part H to Part B services; and (4) that personnel preparation programs should train professionals to use a multi-setting, multi-measure, and multi-informant model for identification and evaluation of developmental delay. In addition to the recommendations outlined, the paper reviews the experiences of the states that have adopted a developmental delay eligibility category; offers background information on using a developmental delay eligibility category for birth through 8 years of age; analyzes the preschool eligibility policies of the various states; and answers questions associated with this eligibility option. (DB)

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DEVELOPMENTAL DELAY AS AN ELIGIBILITY CATEGORY

A Concept Paper of the Division for Early Childhood
of the Council for Exceptional Children
Adopted: September 10, 1996

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The purpose of this concept paper is to provide an update on the use of the developmental delay eligibility category as defined by the Individuals with Disabilities Education Act (IDEA) and the 1991 Division for Early Childhood (DEC) concept paper. The policy recommendations provided in this paper are based on (a) experiences of the states that have adopted a developmental delay eligibility category, (b) background information on using a developmental delay eligibility category for birth through 8-year-olds, (c) an analysis of the preschool eligibility policies of the various states, and (d) a discussion of questions and answers associated with this eligibility option.

Data that are presented in this concept paper have been collected from the states over the past few years confirming that many states have adopted the developmental delay eligibility category. It seems likely, however, that a national eligibility policy will continue to evolve over the next several years. As this policy evolves, we offer the following recommendations:

1. A developmental delay category of eligibility should be available for children from birth through age 8. This is consistent with recommendations made by DEC and CEC for the reauthorization of IDEA
2. Informed clinical opinion, in addition to test performance, should contribute to eligibility decisions. Assessment should incorporate culturally and linguistically appropriate test results, observation of the child in the natural environment, and information from family members and care providers in determining eligibility.
3. As children make the transition from Part H to Part B services, a team process should be used to ensure that other available community services and resources are considered and recommended, when appropriate, for children who were eligible for Part H but who do not meet eligibility requirements for Part B. The same team process should help with the transition at age 8 into a "category" or for other services. Coordination is recommended across Part H, Part B, and other federal, state, and local programs to facilitate smooth transitions and linkages with appropriate services and resources for young children and their families.
4. Personnel preparation programs should include training that prepares professionals to use a multi-setting, multi-measure, and multi-informant model for the identification and evaluation of developmental delay. Training programs should prepare professionals to provide services to children across ability areas and age ranges in the most inclusive environments appropriate for each child and family.

What follows in this concept paper is a historical perspective of the development of a federal definition of developmental delay, the impact of this federal definition, and specific answers to questions and answers related to this issue.

BACKGROUND

When Public Law (P.L.) 99-457 was being developed during the mid-eighties, Congress was persuaded by DEC, other professional organizations, and families to include a new eligibility category for preschoolers. This recommendation was based on the belief that the categories used for older school-age children were often inappropriate for birth through 5-year-olds. Many parents and professionals argued that the requirement to identify children by disability categories in the early years would result in a premature categorization or miscategorization of children and inappropriate services. Subsequently,

the Senate version of the bill created a new Part B disability category for 3 through 5-year-olds, developmental delay; however, the final version of the bill only amended the child count requirements allowing states the option of reporting a total count of young children with disabilities rather than an individual disability count and did not include the addition of the new eligibility category (developmental delay) for preschoolers. Thus, the federal legislation acknowledged the problem inherent in applying the existing disability categories, allowed the category for birth through 2-year-olds, but did not effectively correct the situation for 3 through 5-year-olds.

In 1991, DEC provided support to the U.S. Senate Subcommittee on Disability Policy for Amendments to Part H and Part B of the Individuals with Disabilities Education Act (IDEA). DEC, again, urged Congress to add the new category, developmental delay, to the list of eligibility categories under Part B for 3 through 5-year-olds (DEC, 1991).

DEC recommended that language be added to the legislation allowing states to use a developmental delay category for 3 through 5-year-olds. DEC also suggested that it not be assumed that a state must use the same eligibility criteria for developmental delay for 3 through 5-year-olds that may be in place for birth through 2-year-olds in the sate (DEC, 1991).

In that same year, DEC published a concept paper that provided further support for the addition of the developmental delay category to Part B (McLean, Smith, McCormick, Schakel, & McEvoy, 1991). Developmental delay was defined as:

> a condition which represents a significant delay in the process of development. It does not refer to a condition in which a child is slightly or momentarily lagging in development. The presence of developmental delay is an indication that the process of development is significantly affected and that without special intervention, it is likely that educational performance at school age will be effected (DEC, 1991, p.1).

The impetus for this paper was driven by several issues and questions raised by expanding the eligibility criteria for preschoolers. First, concern was expressed that adding a developmental delay option would significantly increase the number of children eligible for preschool special education services. However, available data on the percentage of preschool children being served in states using this system did not support this concern (Report to Congress, 1991). Second, concern was expressed about the anticipated difficulties involved in the transition of children from a developmental delay category to one of the Part B school-age categories as children entered elementary school. For addressing these concerns, the authors of the first DEC concept paper posed these specific questions: (a) Will preschool children eligible for services as developmentally delayed continue to be eligible for services at age 6 upon entry to elementary school and will it be possible to classify them under the Part B categories? and (b) What will be the impact on families of the change to a categorical label at the transition to elementary school?

In addition, the DEC concept paper provided direction to professionals in the field of early intervention by addressing other frequently asked questions which included (a) What are the parameters of the DEC recommendation? (b) Do children who would be determined to be developmentally delayed have a disability or are they simply "at-risk" of a disability? If so, how many children fall into this category? and (c) If significantly more children would not be identified, why add developmental delay? The authors provided a strong rationale for the addition of the developmental delay eligibility category for preschoolers and provided clarification regarding the questions and concerns that had emerged.

As a result of the discussion surrounding the use of the developmental delay category, the 1991 amendments to IDEA, P.L. 102-119, allowed states the option to use a developmental delay category

for preschoolers. Disability categories currently included in IDEA are as follows:

> (1)(A) The term "children with disabilities" means children --
>
> (i) with mental retardation, hearing impairments including deafness, speech or language impairments, visual impairments including blindness, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and
>
> (ii) who, by reason thereof, need special education and related services.
>
> *(B) The term "children with disabilities" for children aged 3 to 5, inclusive, may, at a State's discretion, include children --*
>
> *(i) experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and*
>
> *(ii) who, by reason thereof, need special education and related services.*
>
> IDEA, 1991; *see* 33 U.S. Code, Sec. 1401

However, adding developmental delay as an eligibility option for preschool children did not address the entire problem. States were still required by IDEA to develop definitions of developmental delay thoughtfully so that eligibility procedures were based on knowledge of young children and could be linked to appropriate services.

Recently, DEC published Reauthorization Recommendations for IDEA (1995) proposing that the developmental delay eligibility category be extended to include young children with disabilities from birth through the end of the school year in which the child turns 8-years-old. This recommended change would address earlier concerns by alleviating the miscategorization of children during the early years and allow the transition to school-aged services to occur more easily. The Council for Exceptional Children (CEC) has included the same recommendation in their IDEA Reauthorization Recommendation (1995).

IMPACT OF FEDERAL DEFINITION POLICY

Much valuable information has been gathered from states over the past few years regarding the use of the developmental delay eligibility category for preschoolers. A 1994-95 analysis of the eligibility policies of all states and the District of Columbia indicated that the eligibility policies of thirty-six states include a developmental delay eligibility option for children ages 3 through 5. In addition, two of these states use non- categorical eligibility criteria and terminology for children of all ages. Seven more states have policies that include a developmental delay category but impose restrictions on its use in various ways. For example, four states require a child to meet the criteria for one of the Part B disability categories for school age children in order to be classified as developmentally delayed in the preschool years. Two states permit the use of developmental delay only if another category does not apply. Two states will permit the use of developmental delay only as a substitute for specified disability categories. Finally, fifteen jurisdictions have not yet adopted an unrestricted developmental delay eligibility option.

A recent analysis of state policies revealed variability in the use of the developmental delay category (Danaher, 1995). Five states use developmental delay exclusively for ages 3 through 5 while the others offer developmental delay as an optional classification. However, most states that offer developmental delay as an optional classification have reported anecdotally that other disability categories are infrequently used.

Thirteen states allow substitution of the developmental delay category for one or more of the Part B disability categories that are not used typically with preschoolers--usually mental retardation, serious emotional disturbance, and specific learning disabilities (Dannaher, 1995). An example is mental retardation being replaced by the

developmental delay category criterion that stipulates a score of 2 standard deviations (SD) below the mean in cognitive functioning. It is important to clarify that the exclusion of some disability categories from policies does not mean that children with those disabilities are ineligible. The criteria by which the deleted disabilities would be identified are included as criteria for the developmental delay category. A concern has arisen, however, that in some cases using criteria for developmental delay might fail to identify all preschoolers with disabilities who might otherwise be eligible. For some specific disability categories, this may be readily remedied. For others, such as specific learning disabilities, it may be that the manifestation of that disability in very young children is not well understood or easily identified (Snyder, Bailey, & Auer, 1994).

A second concern regarding states' developmental delay eligibility policies surrounds the use of specific quantitative criteria. States that use very restrictive criteria for developmental delay, e.g., 3 SD below the mean or 50% delay, may exclude children from services who might have been readily identified by the more traditional disability categories. A typical reason given for such restrictive criterion is that the state policy makers did not want to "open the flood gates" with this new classification. Only 16 states permit the use of professional judgment or informed clinical opinion as an alternative to quantitative criteria (i.e., test scores) in determining developmental delay. Nine states include the diagnosis of a condition associated with a high probability of a disability as an alternative eligibility criterion for developmental delay.

QUESTIONS AND ANSWERS

As states have adopted or considered adopting the developmental delay eligibility category, many of the same questions have emerged that were addressed in DEC's 1991 concept paper. The following questions are addressed as a follow-up to those posed in the 1991 paper.

Does the developmental delay category result in an increase in the number of children eligible for services?

A central issue identified in the original concept paper was the concern that adding a developmental delay option for preschool eligibility would increase the number of children eligible for preschool special education services. Data from the 1994 Report to Congress (Report to Congress, 1994) show that the average percentage of the general population of 3- through 5-year-olds provided with special education services in the fifty states plus the District of Columbia is 4.42%. In the 15 states where developmental delay is not used, the percentage of children served is 4.06. The average among thirty-six states that use a category of developmental delay is 4.46. As can be seen, only a slightly larger percentage of children (less than 1/2 of 1%) is reported by the states using developmental delay as a possible category. This small difference, however, might also be attributed to a variety of factors such as the numbers of children served under Part H and the rigor and persistence of child find efforts; and it should not necessarily be entirely attributed to the use of developmental delay.

There is evidence in the literature that children who are included in a developmental delay category continue to need special education services when they reach school age. Bernheimer, Keogh and Coots (1993) published data from two longitudinal studies at UCLA that followed two cohorts of children who had been identified as developmentally delayed. One cohort of children was followed until they were 14 or 15 years of age and a second cohort of children to ages 6 or 7 years. Both cohorts of children demonstrated remarkably stable outcomes on cognitive tests over time. In other words, the children identified as developmentally delayed as preschoolers continued to need special education services at school age. The authors argue that the use of the developmental delay category allows us to adequately identify children for early intervention who otherwise might have gone unserved due to the difficulties inherent in applying traditional categories to the population of young children.

How should developmental delay be determined?

Both researchers and practitioners have suggested the use of a multi-setting, multi-measure and multi-informant model for the assessment and identification of developmental delay in young children. In the implementation of this model, which embraces a "whole child" developmental perspective within a family-centered approach, team members may be guided in their evaluations by information gained through the administration of norm-referenced, criterion-referenced, judgment-based, and ecologically-based assessments. Multiple sources such as parents, other family members, caregivers, and early care and education providers may also be helpful in providing information concerning the abilities of the child in multiple settings. Using this model, professionals are allowed the flexibility of making appropriate decisions on eligibility guided by informed clinical opinion as well as test performance. This will assure that reliable and valid metrics are accompanied by multiple measures which are culturally and linguistically appropriate when making categorical decisions. In addition, these assessment strategies should be selected and administered by a multi-disciplinary team (including parents) and include observations of the child within typical and natural environments (e.g., school, home, and community settings).

As noted above, the 1991 DEC concept paper on developmental delay proposed that the assessment team consider two criteria: (a) performance on a standardized developmental assessment instrument and documentation of delayed or atypical development in one or more developmental areas through the use of domain specific assessment, or (b) diagnosis of delayed or atypical development through observation. In addition, the authors advocated the use of informed clinical opinion in making eligibility decisions for young children. Data from preschool programs (Danaher, 1995) suggest that 11 states use qualitative criteria, including professional judgment or informed clinical opinion, as an alternative to quantitative criteria.

What is the effect on transition between infant/toddler and preschool services?

The use of developmental delay as a category for preschool children would appear to solve problems in transition between infant/toddler and preschool programs given that the developmental delay category is included in both. However, the federal law provides no guidance in this area and, in many instances, these programs are administered by different agencies. Thus, there is no guarantee that there are compatible definitions of developmental delay across Part H and Part B programs. In fact, a recent study by Harbin, Danaher, and Derrick (1994) compared eligibility policies for infants/toddlers and preschoolers within each state and found potential discontinuity in 27 states. For example, in 19 states, children moving from Part H to Part B programs had to demonstrate a greater degree of delay in order to be eligible for special education services. In an additional five states, different types of quantitative measures (percentage delay as opposed to standard deviations) are used for infant/toddler and preschool developmental delay. This may also result in some children no longer being eligible at age 3. Given the above, it appears that in more than one-half of the states, some children receiving infant/toddler services might not be eligible to receive preschool services despite the fact that the term developmental delay is used in both infant/toddler and preschool programs. This would be expected to happen as an artifact of the eligibility criteria rather than of children's developmental status. Some children may, in fact, still need services while others will not.

Should the developmental delay category extend from birth through age 8?

As stated earlier, categorization of children by disability categories in their early childhood years has been addressed by both DEC and CEC. Both these organizations in published recommendations to Congress regarding the reauthorization of Public Law 102-119 have stated that these categorizations are often inappropriate (CEC, 1995; DEC, 1995). Understanding that children birth through 3 may be provided services using a developmental delay category under the infant/toddler program and that

children 3 through 5 may similarly be determined eligible under the preschool program, the continued use of this category for children through age 8 is reasonable and recommended by a number of national organizations (NASDSE & NASP, 1994) (CEC & DEC, 1995).

Three reasons support this extension. First, the period of childhood development typically characterized as early childhood is birth through age 8 (Bredekamp, 1987). This period of development is considered a unique developmental period by both the National Association for the Education of Young Children (NAEYC) and the Division for Early Childhood and is also articulated as such in IDEA, Part C, the Early Education Program for Children with Disabilities. The developmental status of children who are 6, 7, and 8- years-old is characterized by a broad range of behaviors across developmental domains and is better described by developmental metrics than by those that have a more educational/academic focus.

Second, the use of standardized and norm-referenced assessments for the identification of diagnostic categories continues to be problematic for children 6, 7 and 8-years-old resulting in unnecessary miscategorization and potential loss of services. Psychometric integrity for instruments that are typically used to classify students for categorical services is only slightly greater in reliability for children ages 6, 7 and 8 than for their younger peers. Furthermore, for many children these early grades are a pivotal foundation for acculturation within the school community. Many children are transient or enter school at kindergarten or beyond. For these children, opportunities to understand and practice school behaviors are limited. Categorical classification during these years would be premature and potentially inaccurate.

Third, the transition from preschool services to school age services will be greatly facilitated by the continuation of the use of the developmental delay category. The use of the developmental delay category during the full span of the early childhood years would facilitate a broader, "whole child" perspective for intervention. In addition, there would be an overriding focus on the child's needs and the identification of services to meet those needs in developmentally appropriate ways. In contrast, a categorically based eligibility process may lead to a more categorical approach and/or program. Since developmental delays suggest a developmental status rather than a categorical determination, placement in developmentally appropriate classrooms may be more likely. In their recommendations regarding the reauthorization of IDEA, the U.S. Department of Education suggested that the identification of a child with a disability is an important part of accessing services for the child; however, the type of disability should not itself determine the instruction and services to be provided to meet the child's needs or the child's placement (DOE, 1995).

Historically, the special education services that children received have been determined by their disability category. We would expect that using the developmental delay category will help prevent the delivery of inappropriate services based on an inaccurate label. This will help to assure that services are being matched to a child's abilities and needs rather than a categorical disability label. Given that the term developmental delay implies a continuum of developmental status, services are more likely to be delivered in inclusive settings rather than segregated settings which include children from a particular disability category.

How does the use of the developmental delay category affect personnel development efforts?

As policies and practices evolve, personnel preparation programs face the challenge of adequately preparing professionals to provide services to young children across ability levels and age ranges that are consistent with these policies and practices. An increased emphasis must be placed on working collaboratively with families throughout the eligibility process. Families are important data sources regarding child development and can assist with observation-based assessment strategies. Personnel must be appropriately trained to use multiple data sources in the identification and evaluation of young children with developmental delays thus increasing the likelihood that services will be directed to the appropriate population. In

addition, personnel must be trained in recommended practices to serve children across disability areas and age ranges in the most inclusive settings appropriate for each child and family.

SUMMARY

Over the past several years, policies and practices have evolved regarding the use of the developmental delay eligibility category for young children with disabilities. This concept paper was developed as an update of the original (1991) DEC concept paper. Included in this paper are: (a) recommendations regarding policy based on the experiences of the states that have adopted a developmental delay eligibility category, (b) background information on using a developmental delay eligibility category for birth through 8-year-olds, (c) an analysis of the preschool eligibility policies of the various states, and (d) a discussion of questions and answers associated with this eligibility option. It is hoped that the use of the developmental delay eligibility category will allow us to identify the appropriate population of young children with special needs and to provide services based on their needs rather than on their disability categories.

This concept paper is the result of a work group of DEC members: Jennifer Kilgo, coordinator; Joan Danaher, Mary McLean, Katherine McCormick, Barbara Smith, and Jackie Schakel.

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